



A Qualitative Study to Examine HIV-related Intersectional Stigma, Religion, Spirituality, and ART Adherence among Black Women Living with HIV in Washington, DC

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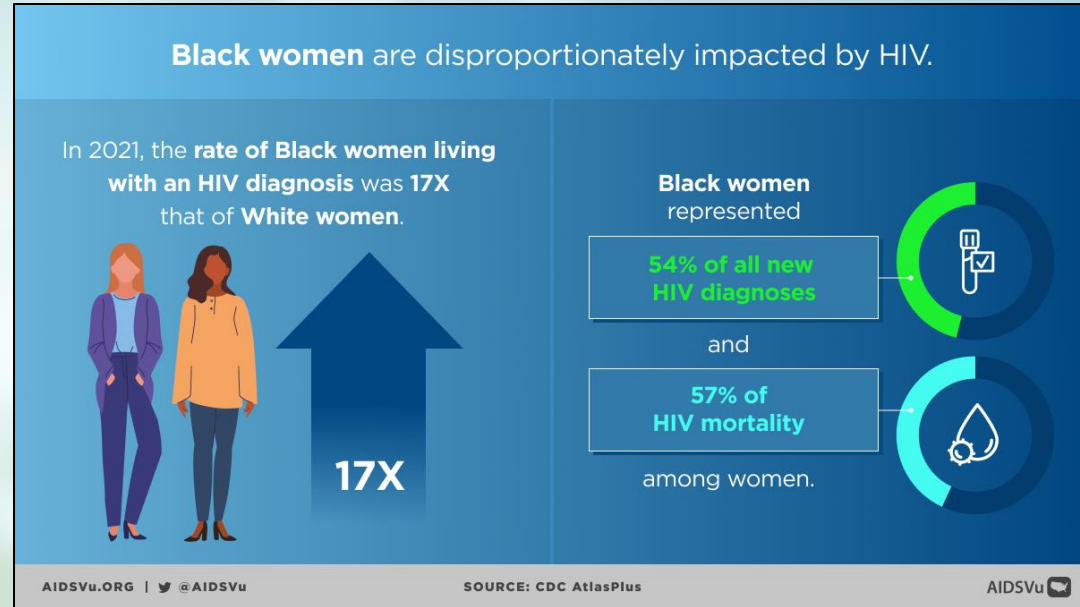


I have no relevant financial relationships with ineligible companies to disclose



Black women in Washington, DC have a high HIV burden

- Washington, DC: Black women are 23% of DC population living with HIV and 90% of HIV infections among women
- Compared to all people diagnosed HIV, Black women have lower suppression rates





HIV-related intersectional stigma is a social- structural determinant of HIV inequity

*Internalized, perceived,
anticipated, or enacted stigma
experienced by people living
with HIV due to the intersection
of multiple marginalized
identities, statuses, or conditions*

- Multilevel and multidimensional
- Barrier to HIV prevention, treatment, and wellbeing among Black women

HIV-Related Intersectional Stigma and Discrimination Measurement: State of the Science

Tahilin Sanchez Karver, PhD, MPH, Kaitlyn Atkins, MPH, Virginia A. Fonner, PhD, MPH, Carlos E. Rodriguez-Diaz, PhD, MPH, Michael D. Sweat, PhD, Tamara Taggart, PhD, MPH, Ping Teresa Yeh, MSPH, Caitlin E. Kennedy, PhD, MPH, and Deanna Kerrigan, PhD, MPH

Stigmatizing Spaces and Places as Axes of Intersectional Stigma Among Sexual Minority Men in HIV Prevention Research

Tamara Taggart PhD, MPH, H. Jonathon Rendina PhD, MPH, Cheriko A. Boone MSW, MPH, MA, Paul Burns PhD, Joseph Carter MA, Devin English PhD, Shawnika Hull PhD, Jenné S. Massie DrPH, MS, Mary Mbaba MPH, MA, Leandro Mena MD, MPH, Ana María del Río-González PhD, MA, Ore Shalhav MPH, Ali J. Talan DrPH, Carly Wolfer MA, and Lisa Bowleg PhD, MA



**HIV-Related Intersectional Stigma
Research Advances and Opportunities Workshop
July - September 2020**



Religion, coping, and resilience among Black women



Faith & ART: Study aims

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Khadijah Abdullah, RAHMA and Tamara Taggart, PhD, MPH, George Washington University:
"Faith, Spirituality, and ART Adherence among Black Women Living with HIV"



Conduct formative mixed methods research to develop spirituality informed online intervention strategies to improve ART adherence among cisgender Black women living with HIV (BWLWH) in Washington, DC



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Pilot Awards Program

Traditional Pilot Awards Program

Academic-Community Partnership Awards

Academic-Community

Academic-Community Partnership Awards

This Academic-Community Partnership Pilot Awards were developed in response to and in collaboration with the DC CFAR Community Partnership Council. The goal of this award is to provide pilot research funds to Co-Principal Investigator teams consisting of one early stage or new HIV/AIDS academic investigator and one community investigator to collect preliminary data that will lead to NIH funding in HIV/AIDS. The award funds will be

Faith & ART: Methods

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- Interviews
 - Zoom, PIs with RA, \$50 gift card
 - Recruitment: listservs, social media, CBOs, DC CFAR CPC, clinical settings in Washington, DC (survey and interviews)
 - Life course theory, models of religion/spirituality and health, and intersectionality
 - HIV diagnosis and care trajectories
 - Faith, religion, and spirituality
 - Barriers and facilitators to care
 - Interventions and programs
 - RADaR technique and thematic content analysis

RESEARCH OPPORTUNITY FOR BLACK WOMEN

Faith, Spirituality, and ART Adherence among Black Women Living with HIV is a research project that investigates HIV stigma and ART adherence.

ELIGIBILITY CRITERIA

- ✓ 18 YEARS OR OLDER
- ✓ BLACK, CISGENDER, AND HETEROSEXUAL WOMAN
- ✓ LIVE IN WASHINGTON D.C. METROPOLITAN AREA
- ✓ SELF-REPORT AS HIV-POSITIVE

If you meet this criteria, participate in a **confidential** 45-minute interview on HIV stigma, spirituality, and care.

Receive \$50 for your participation!



CONTACT
GWFAITHART@GMAIL.COM
WITH YOUR INTEREST

APPROVED BY GEORGE WASHINGTON UNIVERSITY IRB #: NCR213723 IRB
APPROVAL DATE: 10/31/2021

Faith & ART: Results

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Demographics (n= 30)	n
Age (mean, range)	59.5 years (26-71 years)
Highest level of education	
<High school/GED	2
High school/GED	12
Some college/Associate	7
College and above	9
Monthly income range	
Less than \$14,999	17
\$15,000 to \$24,999	3
\$25,000 to \$34,999	2
\$35,000 to \$49,999	4
\$50,000 to \$74,999	3
More than \$75,000	1
Years with HIV (mean)	26 years
Viral suppression	5
Religious denomination	
Christian	13
Non-denominational	6
Islam	2
Spiritual	5
None	4

Themes and domains

- Experiences of HIV-related intersectional stigma
 - Interpersonal-, clinical-, and community-level
- Religion and spirituality
 - Coping
 - Resilience



Experiences of HIV-related intersectional stigma from family and friends shapes Black women's ART adherence

- **Interpersonal**

- Negative attitudes, discrimination, and prejudice from family and friends
- *“I remember when I was first diagnosed, I remember it was my mother, myself and my sister, and we were at the movies. My sister, we're 10 years apart, and we were sharing a drink, and my mother snatched the drink and told my sister not to drink after me. I hadn't told my sister about my diagnosis, she was too young, but I think my mom did after that because she [my sister] didn't treat me the same after.”*
- *“I wish I could've just kept it to myself, because I feel like several family members told other people my information, and that hurts me. I was really depressed. I wasn't taking my medicine. I wasn't caring for myself [...] It still hurts me to this day that people in my family would go around telling my information. That they would put me down like that.”*



Discriminatory attitudes from clinicians shapes Black women's ART adherence

- **Clinical**

- Discriminatory behaviors, biased attitudes, and substandard care from healthcare professionals
- *“So many doctor’s just beat a woman up because she’s not adhering to the medication or they don’t believe she’s trying. I tried. I was on drugs. The drug boys had took over my house. He [the doctor] took one look at me and nonchalantly said maybe you shouldn’t use drugs [...] When you’re asking for help and they don’t give you any, you think well maybe if I was a White woman, or you know, someone else, that they would take my complaints seriously. ”*
- Clinical gaslighting
- Low-quality conditions within the clinical space



Community-level experiences of HIV-related intersectional stigma

- **Community**

- Discriminatory practices in work and religious settings, and social exclusion and shunning
- *“People like to make us feel like we aren’t good enough, like we gotta earn love or support or whatever. That’s how we treat Black women who have it [HIV] and that’s not a good environment to be in.”*
- *“I gave my testimony at a church once because I wanted to share how good God was to me and the stigma that I faced. It was so hurtful.”*



BWLWH use religion to cope with HIV and HIV-related intersectional stigma

• Coping

- Specific practices or beliefs employed to manage the emotional and psychological stressors associated with living with HIV and HIV-related intersectional stigma
- *“I pray every morning. I read my Bible. I do Bible study, I do virtual church. When I pray, I don’t pray to win the lottery or anything like that. I pray for good health. I pray for good doctors. I pray for my family’s support and for their kindness.”*
- *“I pray over my medicine. Every time. A lot of people pray over their food. I pray that God makes this medicine do what it is supposed to do. That it keeps my numbers (viral load) in check.”*



BWLWH use religion to strengthen their capacity to be resilient

- **Resilience**

- Fostering a sense of purpose, community support, and positive identity to maintain well-being and assign meaning to their experiences
- *“I thought that God let this [HIV] happen to me because I disobeyed him. That I deserved to be treated bad because I got sick [...] And now, through years of praying and crying and struggling and going to support groups and talking to God and just looking over my life, I know that is not true. I said it in a meeting once, HIV and AIDS actually has been the biggest blessing of my life [...] This is the most settled and confident I have ever been in my entire life. I'm no longer ashamed. I just said to God, you've done such an amazing thing in my life. I want to share my story. I have to reach out to other women that are newly diagnosed, that don't know what to do, that want to commit suicide, that feel less than, I have to tell my story.”*



BWLWH turn toward spirituality as another way to cope and build resilience

- **Spirituality**

- Americans are more likely to say that they have become more spiritual than religious
- *“Well, spirituality is what guides me. It’s something that’s inside of you, spirit. But religion is something that you learn, it’s something that’s written in a book, and I really like the fact that inside of me there’s a God and a spirit. I don’t need my pastor to tell me that I’m living wrong. I don’t need that.”*
- *“I don’t go to church. Christians, really Black churches and pastors, are very judgmental. It’s the culture. They don’t always say it, but I know they are judging me and my past [...] I am a spiritual Christian [...] My connection to spirituality is changing my way of thinking. How I see myself and how I take care of myself, my worth. And how I communicate with people, how I communicate with my family, how I communicate with my friends and in a more loving, caring, and kind way.”*



Conclusion and next steps

- BWLWH remain vulnerable to experiencing HIV-related intersectional stigma within their social and clinical contexts
- Interventions designed to improve stigma management and ART adherence may benefit from integrating spirituality
- Web-based spirituality focused intervention to support BWLWH and ART adherence



Thank you!



Khadijah Abdullah



Maniza Habbib



George Kerr



Manya Magnus



Natalie Price

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Study Participants

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